



Permit Application for CGS Section 22a-454 Waste Facilities

Please complete this form in accordance with CGS Section 22a-454 (and CGS Section 22a-449(c), if applicable) and with the instructions (DEP-WEED-INST-300) to ensure the proper handling of your application. Print or type unless otherwise noted. You must submit the *Permit Application Transmittal Form* (DEP-APP-001) and the initial fee along with this form.

DEP USE ONLY	
Application No.	_____
Permit No.	_____

Part I: Application Type

Check the appropriate box identifying the application type.

<p>This application is for (check one):</p> <p><input type="checkbox"/> A <i>new</i> permit</p> <p><input type="checkbox"/> A <i>renewal</i> of an existing permit</p> <p><input type="checkbox"/> A <i>modification</i> of an existing permit</p>	<p>Please identify any previous or existing permit/authorization/registration number in the space provided.</p> <p>Existing permit/authorization/registration number:</p> <p>Expiration Date:</p> <p>EPA Identification Number (if applicable):</p>
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Part II A: Permit Type and Fee Information

If applying for a permit modification, skip Part II.A. and proceed to Part II.B.

Type of CGS Section 22a-454 Waste Facility Check all that apply:	Initial Fee (application fee + closure fee)
<input type="checkbox"/> Resource Conservation and Recovery Act (RCRA) Hazardous Waste Storage or Treatment Facility	\$24,750.00 (\$21,000.00 + \$3,750.00)
<input type="checkbox"/> RCRA Hazardous Waste Incinerator or Landfill	\$48,750.00 (\$45,000.00 + \$3,750.00)
<input type="checkbox"/> *Non-RCRA Hazardous Waste Storage or Treatment Facility	\$21,000.00
<input type="checkbox"/> Non-RCRA Hazardous Waste Incinerator or Landfill	\$45,000.00
<input type="checkbox"/> Hazardous Waste Transfer Facility – Waste Remaining in Original Container	\$3,750.00
<input type="checkbox"/> Hazardous Waste Transfer Facility – Waste Transferred from Original Container	\$10,500.00

* In accordance with RCSCA Section 22a-454(a), the fee shall be \$14,000.00 for solely the treatment of oil, petroleum, or chemical liquids.

Part II B: Permit Modification Type and Fee Information

Note: If you are seeking a permit modification, you should consult with the Bureau of Waste Management at 860-424-3372 for specific requirements on modifications prior to submitting a permit application to determine what materials you will be required to submit for your type of modification.

Type of Permit Modification for a CGS Section 22a-454 Waste Facility Check the appropriate box:	Initial Fee
<input type="checkbox"/> Class I Permit Modification <i>Not</i> Requiring Approval of the Commissioner	\$375.00
<input type="checkbox"/> Class I Permit Modification Requiring Approval of the Commissioner	\$750.00
<input type="checkbox"/> Class II or Class III Permit Modification	\$21,000.00

Part III: Applicant Information

1. Fill in the name of the applicant(s) as indicated on the <i>Permit Application Transmittal Form</i> (DEP-APP-001):		
Applicant:		
Phone:	ext.	Fax:
Applicant's interest in property or facility at which the proposed activity is to be located: (check all that apply)		
<input type="checkbox"/> site owner	<input type="checkbox"/> option holder	<input type="checkbox"/> lessee
<input type="checkbox"/> easement holder	<input type="checkbox"/> operator	<input type="checkbox"/> facility owner
<input type="checkbox"/> other (specify):		
Company Name:		
FEIN number, if applicable:		
<input type="checkbox"/> Check here if there are co-applicants. If so, label and attach additional sheet(s) with the required information to this sheet.		
2. List primary contact for departmental correspondence and inquiries, if different than the applicant.		
Name:		
Mailing Address:		
City/Town:	State:	Zip Code:
Business Phone:	ext.	Fax:
Contact Person:	Title:	
3. List attorney or other representative, if applicable:		
Firm Name:		
Mailing Address:		
City/Town:	State:	Zip Code:
Business Phone:	ext.	Fax:
Attorney:		

Part III: Applicant Information (continued)

4. Facility or Equipment Operator, if different than the applicant:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Contact Person:

Title:

Type (check one): ☐ individual ☐ private company ☐ federal ☐ state ☐ municipal

5. Facility or Equipment Owner, if different than the applicant:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Contact Person:

Title:

Type (check one): ☐ individual ☐ private company ☐ federal ☐ state ☐ municipal

6. Site Owner, if different than the applicant:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Contact Person:

Title:

Type (check one): ☐ individual ☐ private company ☐ federal ☐ state ☐ municipal

7. List any engineer(s) or other consultant(s) employed or retained to assist in preparing the application or in designing or constructing the activity. ☐ Check here if additional sheets are necessary, and label and attach them to this sheet.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Contact Person:

Title:

Service Provided:

Part IV: Site Information

1. Name of facility, if applicable:

Street Address or Description of Location:

City/Town:

State:

Zip Code:

Tax Assessor's Reference: Map

Block

Lot

Latitude and longitude of the exact location of the proposed activity in degrees, minutes, and seconds:

Latitude:

Longitude:

Method of determination (check one):

☐ GPS ☐ USGS Map ☐ Other (please specify):

If a USGS Map was used, provide the quadrangle name:

2. Is the activity which is the subject of this application located within the coastal boundary as delineated on DEP approved coastal boundary maps? ☐ Yes ☐ No

If yes, and this application is for a new authorization or for a modification of an existing permit, you must submit a *Coastal Consistency Review Form* (DEP-APP-004) with your application as Attachment D.

For forms or assistance, please call the Permit Assistance Office at 860-424-3003.

3. Is the project site located within an area identified as a habitat for endangered, threatened or special concern species as identified on the "State and Federal Listed Species and Natural Communities Map"?

☐ Yes ☐ No Date of Map:

If yes, complete and submit a *Connecticut Natural Diversity Data Base* (CT NDDDB) *Review Request Form* (DEP-APP-007) to the address specified on the form.

When submitting this permit application, please include copies of any correspondence to the NDDDB, including copies of the completed CT NDDDB Review Request Form, any field surveys, and any other information which may lead you to believe that endangered or threatened species may or may not be located in the area of your existing or proposed permitted activity, as Attachment E.

Has a field survey been conducted to determine the presence of any endangered, threatened or special concern species? ☐ Yes ☐ No If yes, provide:

Biologist's Name:

Address:

and submit a copy of the field survey with your application as an Attachment as specified above.

4. Is the site located within an aquifer protection area as defined in Section 22a-354a through 354bb of the General Statutes? ☐ Yes ☐ No

5. Is the site located within a distressed municipality as determined by the Connecticut Department of Economic and Community Development? ☐ Yes ☐ No

If yes, you must prepare an Environmental Equity Plan and submit this plan with this application as Attachment F.

6. Identify NAICS code(s) of the facility:

Part V: Activity Information

Please complete the tables below accordingly. Refer to the instructions (DEP-WEED-INST-300) for waste and process codes. ☐ Check here if additional sheets are necessary, and label and attach them to this sheet.

Non-RCRA Hazardous Wastes:

Waste Codes	Waste Description	Process Description or Code (treatment, storage, recycling, transfer and/or disposal)	Maximum Amount of Waste Processed / Year	Units of Measure

RCRA Hazardous Wastes:

Waste Codes	Waste Description	Process Description or Code (treatment, storage, recycling, transfer and/or disposal)	Maximum Amount of Waste Processed /Year	Units of Measure

Part V: Activity Information (continued)

Processing Information:

Process Codes	Process Description	Design Capacity	Actual Capacity	Units of Measure

Additional Waste Processing Information:

Process Description	Design Capacity	Actual Capacity	Units of Measure

Part VI: Supporting Documents

Be sure to read the instructions (DEP-WEED-INST-300) for information on completing the following attachments. Please check the attachments being submitted as verification that *all* applicable attachments have been submitted with this application form. When submitting any supporting documents, please label the documents as indicated in this part (e.g., Attachment A, etc.) and be sure to include the applicant's name as indicated on the *Permit Application Transmittal Form*.

Attachments A through I are required for RCRA and Non-RCRA hazardous waste facilities

- ☐ Attachment A: Executive Summary
- ☐ Attachment B: *Applicant Background Information* (DEP-APP-008)
- ☐ Attachment C: *Applicant Compliance Information* (DEP-APP-002)
- ☐ Attachment D: *Coastal Consistency Review Form* (DEP-APP-004), if applicable
- ☐ Attachment E: CT NDDB Information, if applicable
- ☐ Attachment F: Environmental Equity Plan and implementation documents, if applicable
- ☐ Attachment G: Business Information
 - ☐ Facility Ownership, Control, and Use Agreements
 - ☐ Agreements between Parties and Service Agreements and Contracts
 - ☐ Planning and Zoning Approval
- ☐ Attachment H: Facility Plans
 - ☐ Facility Description
 - ☐ United States Geological Survey Topographic Map
 - ☐ Facility Site Plan
 - ☐ Facility Process Flow Diagram
- ☐ Attachment I: Process Design and Operating Criteria

Attachments J through Q are required only for non-RCRA hazardous waste facilities

- ☐ Attachment J: Waste Analysis Plan
- ☐ Attachment K: Inspection Schedule and Log
- ☐ Attachment L: Emergency Plan and Preparedness
- ☐ Attachment M: Security Plans
- ☐ Attachment N: Personnel Training Records
- ☐ Attachment O: Operating Records
- ☐ Attachment P: Closure Plan and Cost Estimate
- ☐ Attachment Q: Financial Assurance

Attachment R is required only for RCRA hazardous waste facilities

- ☐ Attachment R: RCRA Part A and Part B Permit Applications
 - ☐ EPA Part A Application and ☐ Part B Permit Application and Part B Checklist

Part VII: Application Certification

The applicant *and* the individual(s) responsible for actually preparing the application must sign this part. An application will be considered incomplete unless all required signatures are provided. If the applicant is the preparer, please mark N/A in the spaces provided for the preparer.

<p>"I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that based on reasonable investigation, including my inquiry of the individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief.</p> <p>I understand that a false statement in the submitted information may be punishable as a criminal offense, in accordance with section 22a-6 of the General Statutes, pursuant to section 53a-157b of the General Statutes, and in accordance with any other applicable statute.</p> <p>I certify that this application is on complete and accurate forms as prescribed by the commissioner without alteration of the text.</p> <p>I certify that I will comply with all notice requirements as listed in Section 22a-6g of the General Statutes."</p>	
Signature of Applicant	Date
Name of Applicant (print or type)	Title (if applicable)
Signature of Preparer (if different than above)	Date
Name of Preparer (print or type)	Title (if applicable)
<p><input type="checkbox"/> Check here if additional signatures are required. If so, please reproduce this sheet and attach signed copies to this sheet. You must include signatures of any person preparing any report or parts thereof required in this application (i.e., professional engineers, consultants, etc.).</p>	

Note: Please submit the *Permit Application Transmittal Form*, Application Form, Fee, all Supporting Documents and if applicable, Proof of Notification for Pre-Application Public Participation (see instructions) to:

CENTRAL PERMIT PROCESSING UNIT
DEPARTMENT OF ENVIRONMENTAL PROTECTION
79 ELM STREET
HARTFORD, CT 06106-5127